PRI Study Summary

DEPARTMENT OF CHILDREN AND FAMILIES
MONITORING AND EVALUATION (2007)

The Connecticut Department of Children and Families (DCF), created in 1974 as a consolidated children's agency, has broad authority and primary responsibility for state mandates concerning child protection, children's behavioral health, juvenile delinquency, and prevention services related to children and families. Selected client and funding information is summarized by DCF mandate area in Table 1 (see page ii).

Since it was formed, the department has been studied, audited, reviewed, and subject to legal action almost continuously, due to ongoing concerns about its ability to carry out its challenging mission. Numerous internal quality improvement efforts, as well as oversight by multiple outside entities including federal and other state agencies, various advisory groups, the courts, and the legislature, have focused on how to achieve better outcomes for the children and families DCF serves. The Legislative Program Review and Investigations Committee (PRI) had completed seven different reports on the department prior to undertaking a review of the overall DCF accountability system in April 2007.

Unlike previous PRI reviews, the 2007 study evaluated a critical function -- monitoring and evaluation of agency results -- rather than a particular mandate. An effective results-based monitoring and evaluating system is important to DCF, or any state agency, for three main reasons: 1) it provides the agency with productive feedback on actual outcomes and progress toward goals; 2) it allows staff, policymakers, and stakeholders to know where the agency is successful, where it is not, and how to make improvements; and 3) ultimately, it helps the agency provide services that meet clients' needs and make cost-effective use of taxpayer resources.

Thus, the purpose of the committee's study was to identify areas of strength and weakness, as well as gaps and redundancies, in the existing DCF accountability system. The main goal was to identify needed improvements that would lead to better agency performance and, most important, better outcomes for children and families.

Study approach and methods. The program review committee staff employed two primary research methods: interviews with key stakeholders, including management and line staff from all areas of the department and representatives of provider organizations, advisory and advocacy groups, and children and families served by the agency; and analysis of monitoring and evaluation documents and materials produced through DCF quality assurance, performance evaluation, and oversight efforts. There were four main sources of this information:

- internal monitoring and evaluation efforts such as: provider licensing, performance-based contracting, ombudsman activities, and various department self-reviews and contracted evaluation studies;
- external oversight efforts by federal agencies, federal and state courts, legislative committees, and independent entities like national accreditation organizations;

TABLE 2. DCF KEY PROGRAM FUNDING AND SELECTED CLIENT INFORMATION: FY 06			
MANDATE AREA	**KEY PROGRAMS**	**EXPENDITURES (IN MILLIONS)**	**SELECTED CLIENT INFORMATION**
AGENCYWIDE		**$ 754.9**	
CHILD PROTECTIVE SERVICES		**$ 395.0**	
	• Community Based Services ▪ Hotline ▪ In-Home (family preservation, parent aide, substance abuse screening)	$ 33.9	- 43,500 reports of abuse/neglect received; 7,568 reports substantiated - 3,400 families received in-home child protection services
	• Out of Home Services ▪ Foster Care, Adoption. Subsidized Guardianship, Relative Caregivers, Independent Living, SAFE Homes, Shelters	$ 203.1	- Averaged 3,216 children in foster care - 1,210 children living with licensed relative caregivers - Over 700 youth in independent living situations - Finalized 498 adoptions
	• Area Offices	$ 157.9	- Total caseload: 17,770 (as of 6/06)
CHILDREN'S BEHAVIORAL HEALTH SERVICES		**$ 259.1**	
	• Community Based Services ▪ KidCare (Emergency Mobile Psychiatric, Intensive in-home treatment, Outpatient Clinics, Extended Day Treatment)	$ 66.2	- Community service capacity about 2,000 children
	• Out -of- Home Services ▪ Residential Treatment/Therapeutic Group Homes	$ 133.6	- 874 children in residential treatment
	• State Operated Facilities ▪ Riverview Hospital ▪ High Meadows ▪ Connecticut Children's Place (CCP)	$ 52.3	- Riverview's average daily census about 80 children - High Meadows serves about 110 children/year - CCP serves approximately 150 children/year
JUVENILE SERVICES		**$ 58.1**	
	• Community Based ▪ Parole Services, Aftercare for Delinquent Youth	$ 13.3	- About 1,200 delinquent youth committed to DCF for out-of-home care annually
	• Out of Home Placement ▪ Residential Treatment for Delinquent Youth	$ 16.8	- Approximately 500 parole cases in 2006
	• State Operated Facility Ct. Juvenile Training School (CJTS)	$ 23.7	- CJTS average daily census about 100 boys
PREVENTION SERVICES		**$2.7**	
	• Fund/directly provide various primary prevention programs (e.g., child abuse prevention, positive youth development; early childhood services, diversion projects; public awareness campaigns)	$2.1	Served approximately 8,000 (does not include those reached through public awareness campaigns)
	• State Operated Facility ▪ Wilderness School	$0.6	
AGENCY MANAGEMENT		**$ 40.0**	

Source: *Department of Children and Families Monitoring and Evaluation*, Legislative Program Review and Investigations Committee, Connecticut General Assembly, Dec. 2007, p. 155.

- outside investigations and reviews, such as those carried out by the state Office of the Child Advocate (OCA) and the state attorney general; and
- monitoring and evaluation activities by advisory groups established under federal or state law.

To put into context all the information gathered about the process, sources, and results of DCF monitoring and evaluation, the core components of the current system were compared with a national model for child welfare agency quality improvement. Table 2 (see page v) summarizes the results of this comparison.

The program review committee's final report contains an assessment of the overall DCF monitoring and evaluation system, details the system's positive features as well as deficiencies, and recommends nearly 40 administrative and legislative changes to improve its effectiveness. The report also summarizes data on agency accomplishments that were compiled by program review staff from more than 100 different monitoring and evaluation documents analyzed during the study.

Main Findings

The program review committee found little attention had been given to examining DCF as a whole or assessing how well the agency is achieving its broad goals of safety, permanency, and well-being for all children and families. Further, while the department is responsible for carrying out four major mandates, monitoring and evaluation was focused primarily on the child protective services mandate, due largely to the ongoing impact of the federal *Juan F.* lawsuit consent decree and requirements of federal agencies.

The PRI study showed there was greater emphasis on tracking how services for children and families are delivered rather than on assessing their end results. While high quality service delivery is important, the crucial indicator of effectiveness is whether programs are making a difference and achieving stated goals. In general, more attention to outcome information was needed throughout the DCF accountability system.

The committee's review also identified pockets of strength within the system. These included the *Juan F.* exit plan process and related DCF area office quality improvement processes, the department's licensing procedures, the agency's recently revised special review process, and the activities of on-site facility monitors.

Some major weaknesses were revealed as well. In particular, the agency's contracting process provided little accountability, consequences for poor performance were rare, and working relationships with private providers needed improvement. The committee also found ineffective use of some important sources of feedback on services and programs, such as child fatality reviews, OCA investigations, and even the department's own program review reports and contracted evaluations.

In part, these deficiencies were due to fragmentation of quality improvement efforts within the agency and the fact that results data are not regularly integrated and analyzed. Both problems were related to the department's information systems, which were themselves fragmented and in

some cases inadequate. Another challenge was a lack of department staff with the analytic skills and research experience needed to use results data and information. Further, there was no centralized place – like an agencywide strategic plan – where all DCF goals and information about service delivery and outcomes are brought together.

Duplication of external monitoring efforts also was revealed by the program review committee's examination of statutorily required DCF plans and reports. The committee determined several mandates could be eliminated without a loss of accountability, as certain documents have become obsolete or been replaced by newer sources of similar information. In addition, reducing the number and clarifying the purpose of reporting mandates could improve the quality of information on department results available to the legislature and the public.

Committee Recommendations

Ultimately, the point of all monitoring and evaluation efforts, whether internal, external, investigatory, or advisory, is to ensure programs and services are having desired results. Taken together, the recommendations adopted by the PRI committee were aimed at making the current DCF accountability system more effective by:

- making agency goals explicit;
- integrating quality improvement activities and incorporating best practices throughout the agency;
- improving the quality and quantity of available data; and
- promoting the use of results information to better meet the needs of children and families.

Copies of the final report , which contains the complete committtee recommendation, are available from the program review staff office; an electronic version is on the staff office website: http://www.cga.ct.gov/pri/year2007studies.htm.

Table 2. Framework for An Effective Quality Improvement System: Summary of PRI Findings and Recommendations Regarding DCF		
Main Elements (NCWRC Framework)*	**Committee Findings about DCF**	**Committee Recommendations**
Agency has adopted outcomes and standards	No single compilation of all goals within agency, across all mandate areas and programs Most current goals focus on how services are delivered (process) rather than outcomes for children and families	Strategic planning process with community/stakeholder involvement
Quality assurance and quality improvement are incorporated throughout the agency	Fragmented; pockets of strength (e.g., *Juan F.* Exit Plan compliance activities, area office QI process, residential facility licensing, evidence-based models for behavioral health in-home services) and major gaps (e.g., ineffective use of findings from internal and contracted program evaluations, special reviews, no compilation and comparison of results data from all sources) Weak procurement process and ineffective performance-based contracting	Dedicate staff resources to integrating, analyzing, and reporting on outcomes related to all the goals and mandate areas of the agency Maintain central repository for study findings Adopt best practices for contract management
Data and information are gathered	Gaps in outcome data; inadequate, fragmented, and incompatible automated information systems	Improve LINK system and integrate all agency information systems Integrate findings information from all sources (inside and outside agency)
Data and information are analyzed	Minimal agencywide analysis; lack of capacity to use data gathered	Expand internal capacity for research and analysis Establish strong research relationship with academic/research institute partners
Analysis and information are used to make improvements	Fragmented; some positive developments (Area Office Quality Improvement teams, Risk Management and Decision Support Units, Behavioral Health Partnership service utilization and needs data) Trying to develop culture of results-based decisions (e.g., ROM information system, research scientist on staff, use of logic models, Results-Based Accountability participation)	Centrally collect all information produced; widely distribute results (all levels of agency, policymakers, stakeholders) Require formal response to results-based findings, recommendations Strengthen external accountability mechanisms (e.g., state, area, and facility advisory groups) and eliminate redundant/ineffective reporting

*Adapted from the child welfare quality improvement framework prepared by the National Child Welfare Resource Center for Organizational Improvement of the Muskie School at the University of Southern Maine.

Source: *Department of Children and Families Monitoring and Evaluation*, Legislative Program Review and Investigations Committee, Connecticut General Assembly, Dec. 2007, p. 147.